

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | NO. | DATE |
|---------------------------|----------|-----|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | MTH | 50 | 01-20-01 |
| FORMALITY REVIEW | EW | 949 | 2/12/01 |
| RESPONSE FORMALITY REVIEW | LT | 523 | 03/13/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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